

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

APPROVED
AND
FILED

97 JUL 25 PM 12:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L69848 (4)

1. Corporation Name
CREATIVE CATERING BY THE FARINAS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
C/O CATHERINE C. FARINA
741 DELMONICO ST., N.E.
PALM BAY FL 32907

Mailing Address
C/O CATHERINE C. FARINA
741 DELMONICO ST., N.E.
PALM BAY FL 32907

2. Principal Place of Business
21 333 NORTH BABCOCK ST

Suite, Apt. #, etc.

City & State

23 MELBOURNE, FL

Zip Country

24 32935 25 USA

9. Name and Address of Current Registered Agent

FARINA, CATHERINE C.
741 DELMONICO ST., N.E.
PALM BAY FL 32907

2a. Mailing Address

26 333 NORTH BABCOCK ST

Suite, Apt. #, etc.

City & State

28 MELBOURNE, FL

Zip Country

29 32935 30 USA

3. Date Incorporated or Qualified

05/04/1990

3a. Date of Last Report

04/30/1996

4. FEI Number

59-3009851

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Catherine C. Farina

Signature: typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

21 July 1997
DIE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME FARINA, WILLIAM A.
STREET ADDRESS 741 DELMONICO ST., NE
CITY-ST-ZIP PALM BAY FL

TITLE D ☐ DELETE

NAME FARINA, CATHERINE C.
STREET ADDRESS 741 DELMONICO ST., NE
CITY-ST-ZIP PALM BAY FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME 800002253008--5

1.3 STREET ADDRESS -07/30/97--01102--010

1.4 CITY-ST-ZIP *****165.00 *****165.00

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

21 July 1997 253-0905

CR2E034 (4/97)